

# Stigma as a social determinant of mental health disparities experienced by sexual and gender minority persons in rural communities

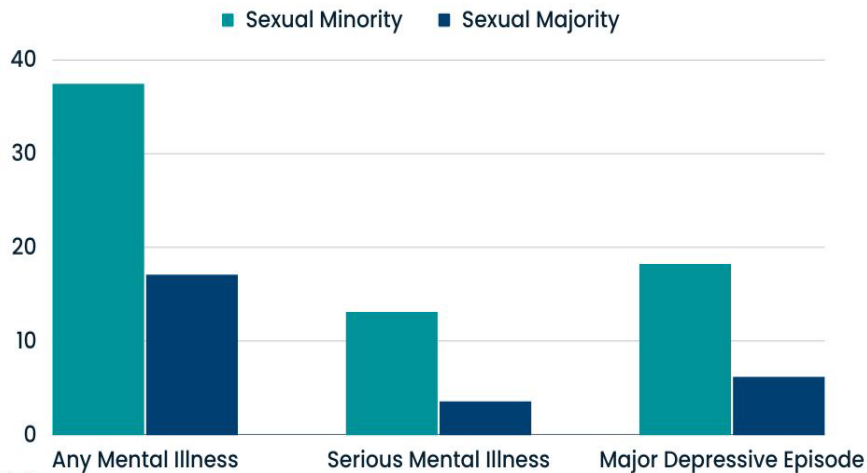
Sarah Murray

*Assistant Professor  
Department of Mental Health*

# Sexual and gender minority individuals experience stark disparities in mental health

## PAST YEAR PREVALENCE OF MENTAL HEALTH PROBLEM AMONG ADULTS

NSDUH 2015 Data  
Source: Medley et al., 2015



## 2015 US TRANS GENDER SURVEY

**39%**

of transgender respondents reported serious psychological distress

Compared to 5% of the U.S. general population

**40%**

of transgender respondents reported a lifetime suicide attempt

Compared to 4.6% of the U.S. general population

**7%**

of transgender respondents reported a past year suicide attempt

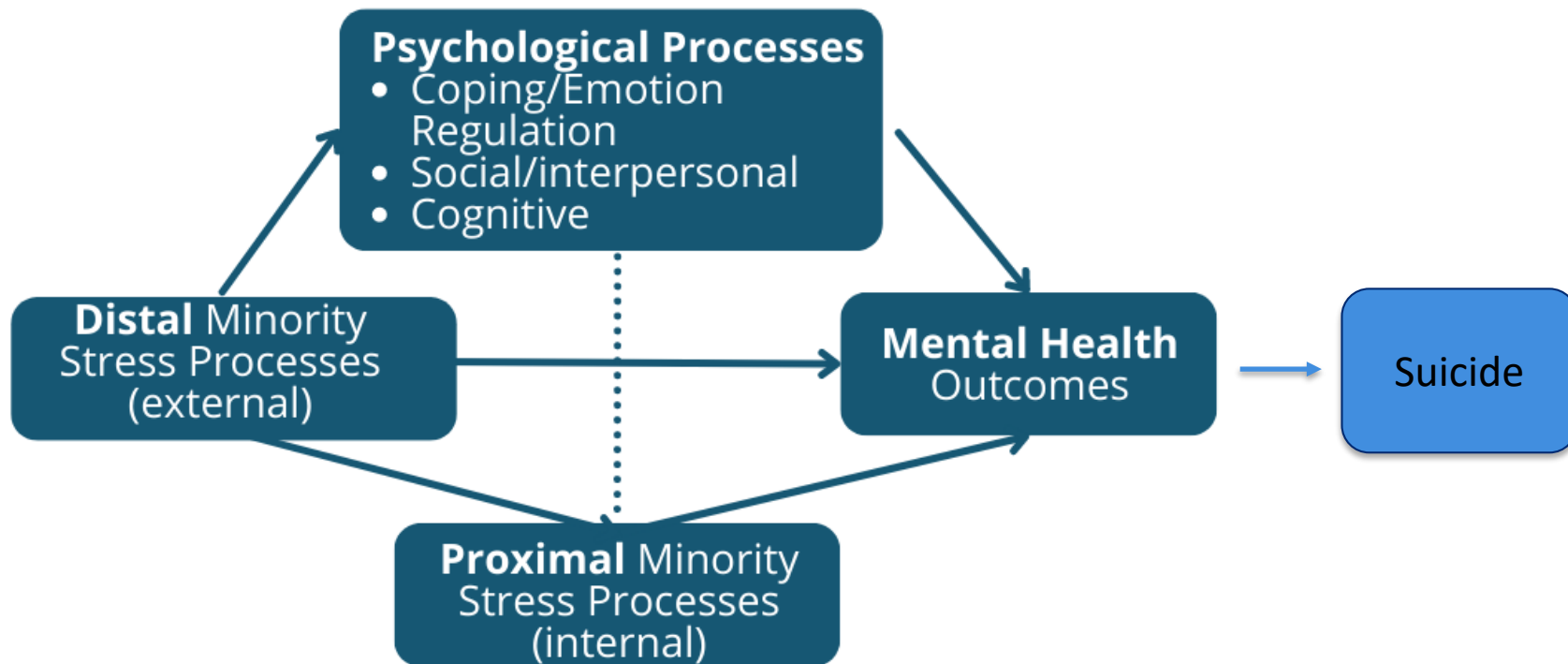
Compared to 0.6% of the U.S. general population

James et al. 2016



# How do we make sense of this disparity?

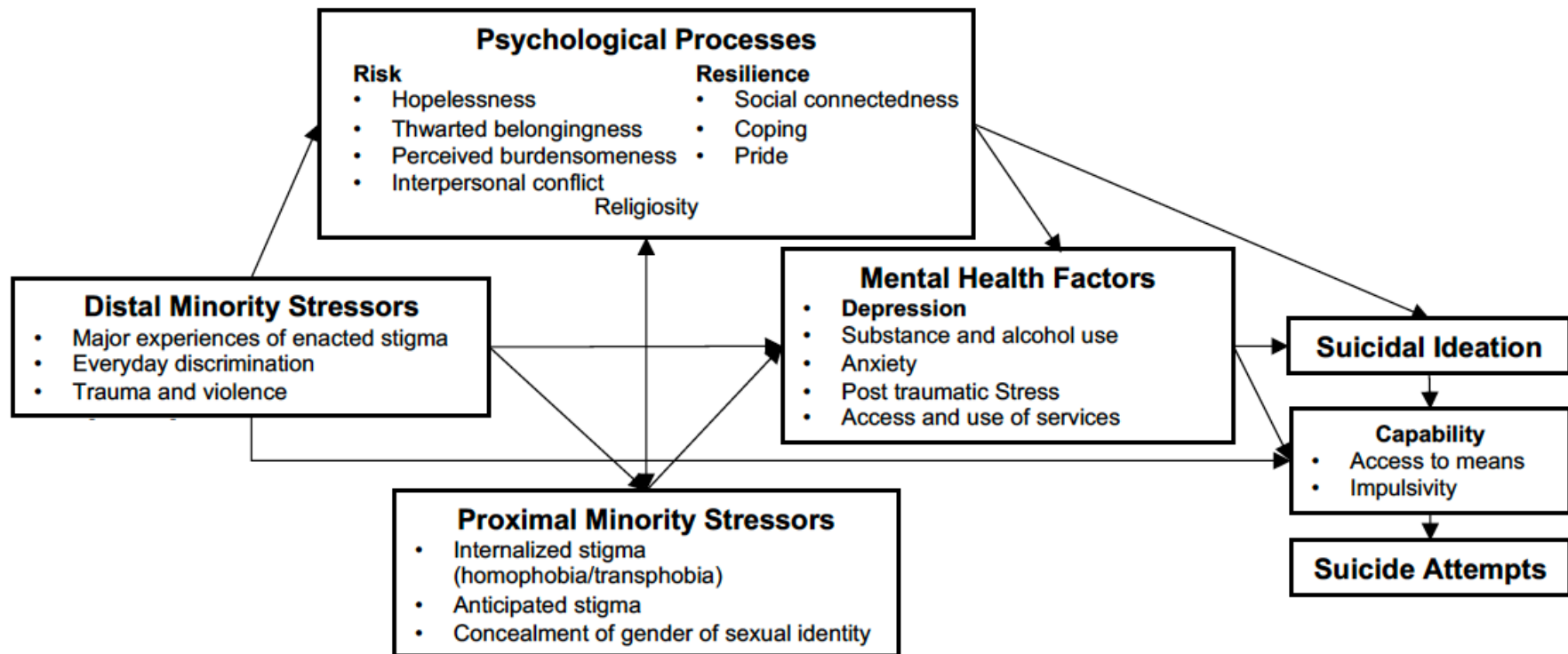
## The minority stress framework



Meyer et al., 2003; Hatzenbuehler, 2009



# What's missing? Intent to action frameworks for understanding suicide

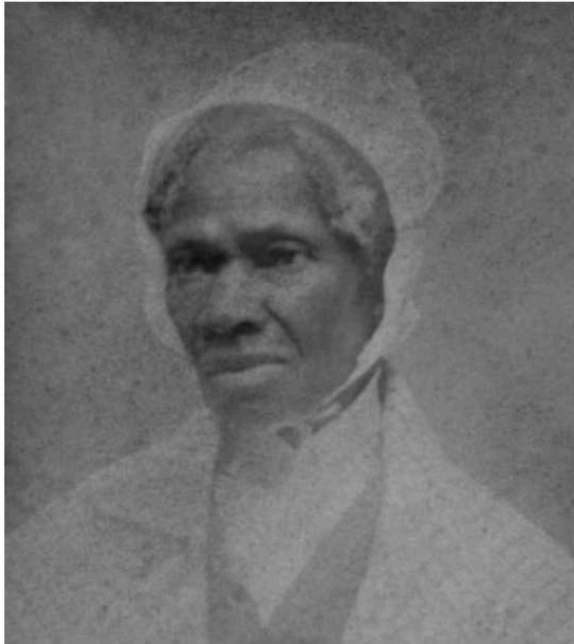


- But, there are critical gaps in current knowledge, such as
- Cross sectional studies
  - Lack of diversity in study populations
  - Consideration of intersectionality



# Intersectionality

A theoretical framework with roots in antiracist and feminist literature



## University of Chicago Legal Forum

Volume 1989 | Issue 1

Article

### Demarginalizing the Intersection of Race and Sex: A Black Feminist Critique of Antidiscrimination Doctrine, Feminist Theory and Antiracist Politics

Kimberle Crenshaw  
Kimberle.Crenshaw@chicagounbound.edu

Source: Crenshaw, K. (1989). *Univ Chicago Legal Forum*, 1, 8. Bowleg, L. (2012). The problem with the phrase women and minorities: intersectionality—An important theoretical framework for public health. *Am J Public Health*, 102(7), 1267–1273. <https://doi.org/10.2105/ajph.2012.300750>; Turan, J. M., et al. (2019). Challenges and opportunities in examining and addressing intersectional stigma and health. *BMC Med*, 17(1), 7. <https://doi.org/10.1186/s12916-018-1246-9>. Image source: Library of Congress. (c. 1864). Sojourner Truth circa 1864. Wikimedia Commons. Public domain.



# A focus on rurality

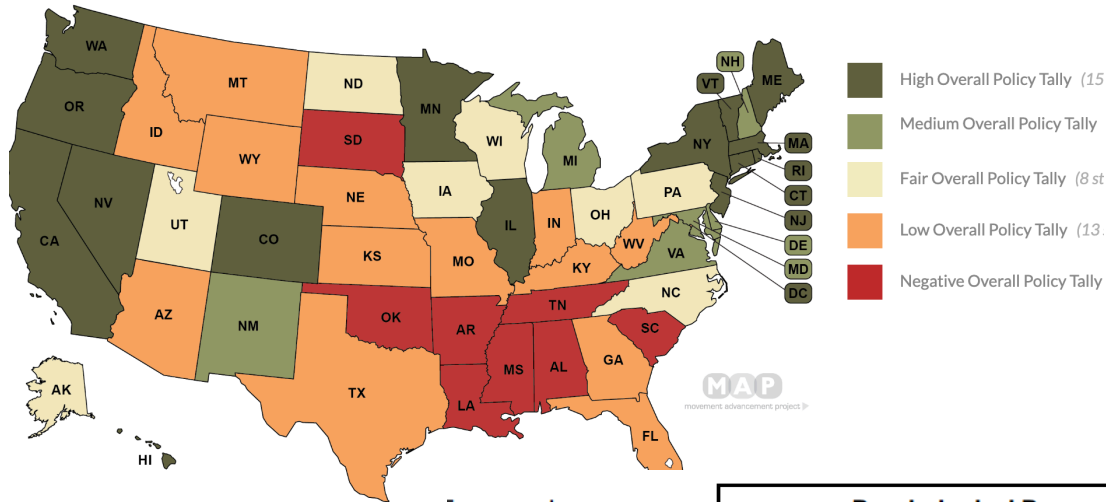
Where data are available on SGM persons' mental health across areas that vary in urbanity, they suggest higher rates of mental disorders for those outside of, as opposed to residing within, urban centers



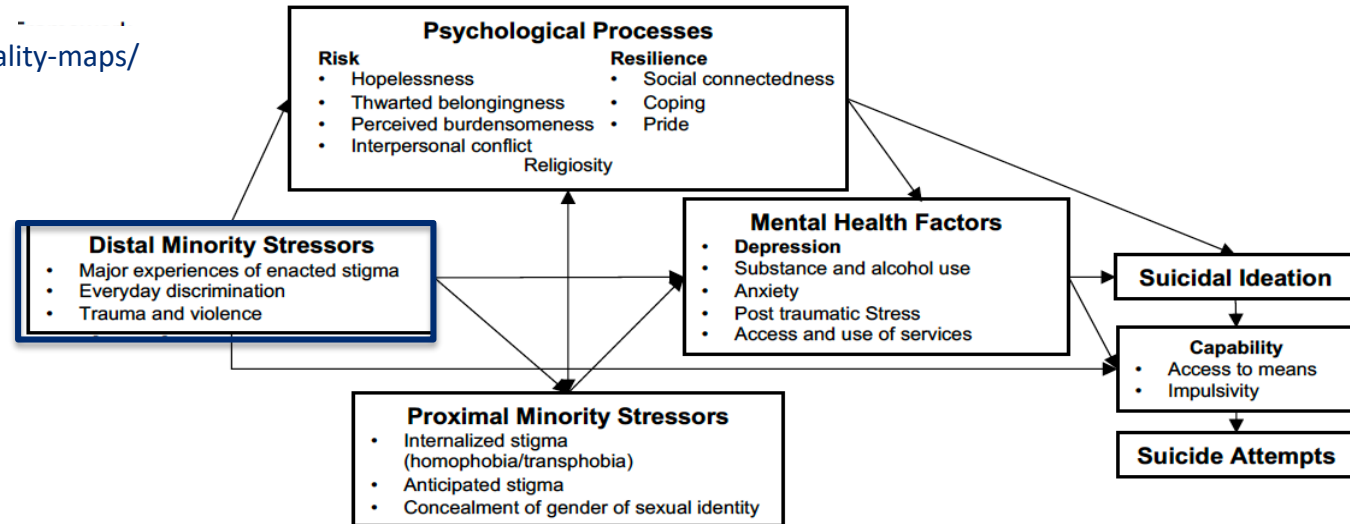
Source: Wikimedia Commons. Public Domain



# Revisiting our framework with an intersectional lens focused on rural SGM populations



Source: <https://www.lgbtmap.org/equality-maps/>



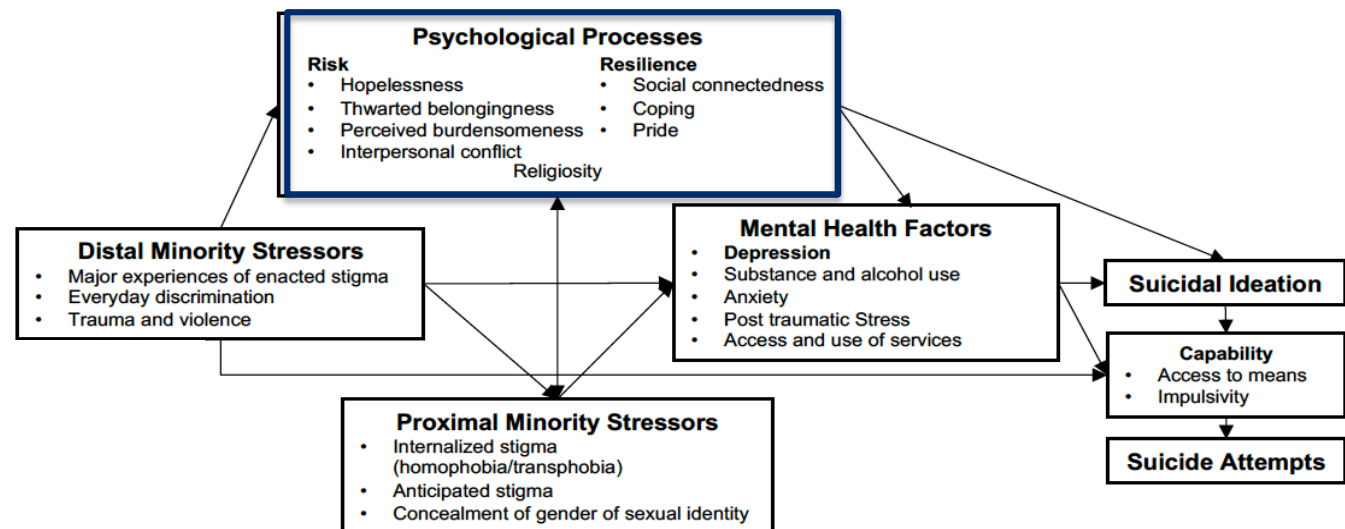
# Revisiting our framework with an intersectional lens focused on rural SGM populations

More limited social connectedness/capital

- Particularly in-group

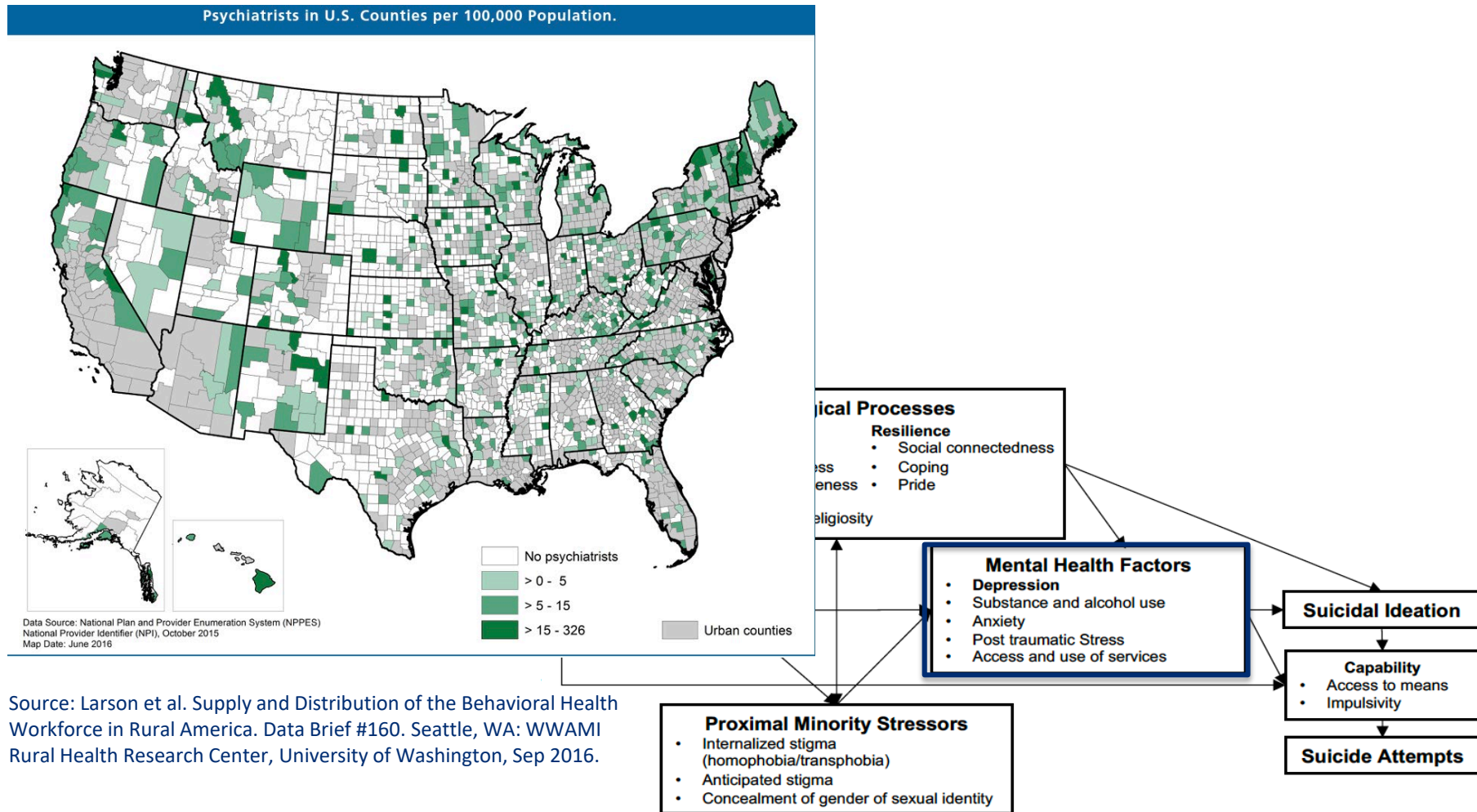
Less access to spaces, events, organizations that are affirming

Impact of religion





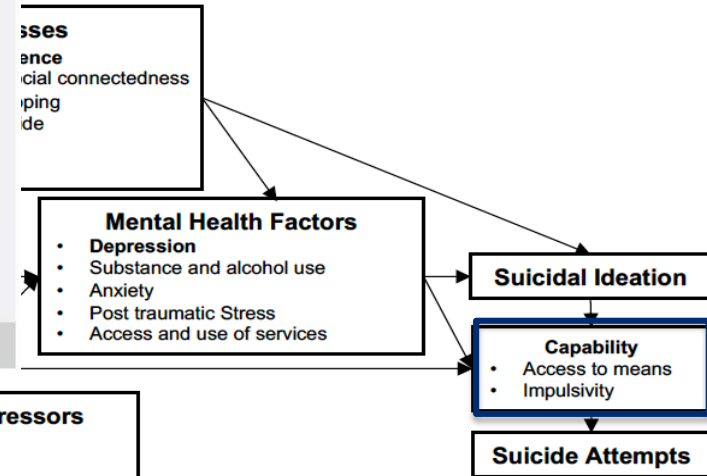
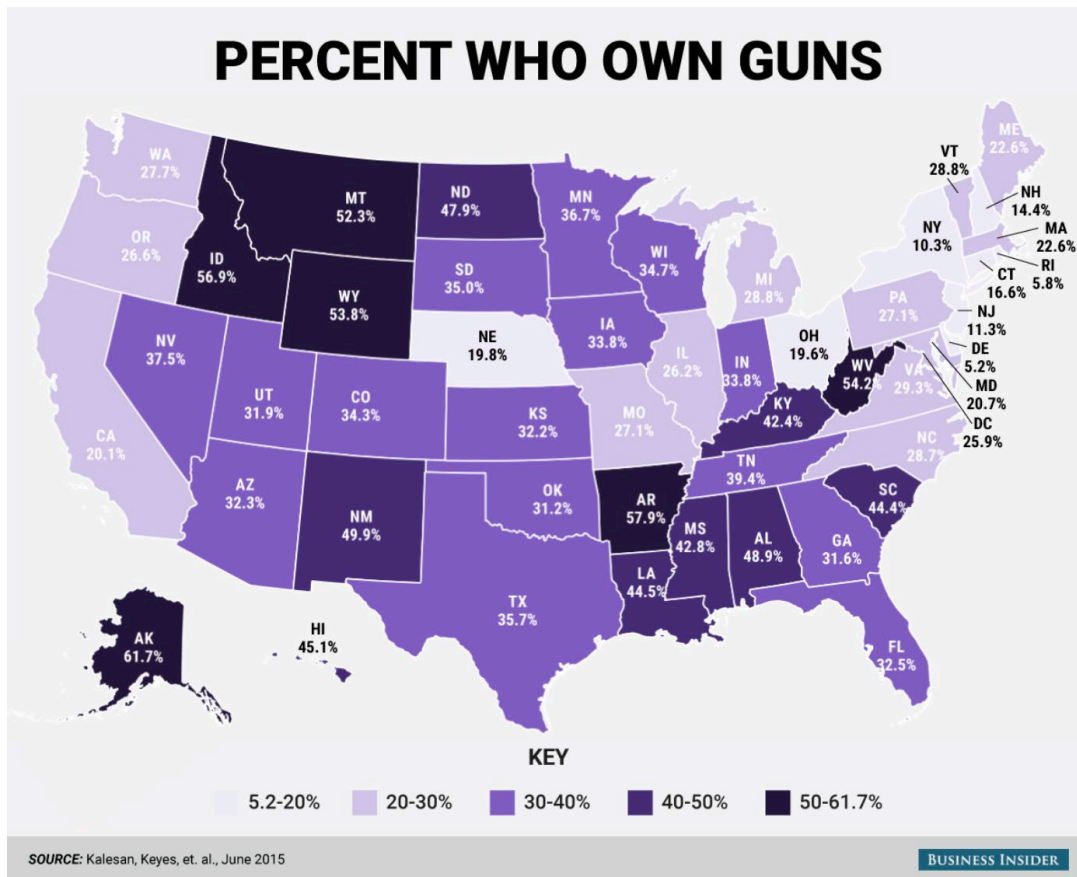
# Revisiting our framework with an intersectional lens focused on rural SGM populations



Source: Larson et al. Supply and Distribution of the Behavioral Health Workforce in Rural America. Data Brief #160. Seattle, WA: WWAMI Rural Health Research Center, University of Washington, Sep 2016.



# Revisiting our framework with an intersectional lens focused on rural SGM populations



Source: <https://www.businessinsider.com/gun-ownership-by-state-2015-7>

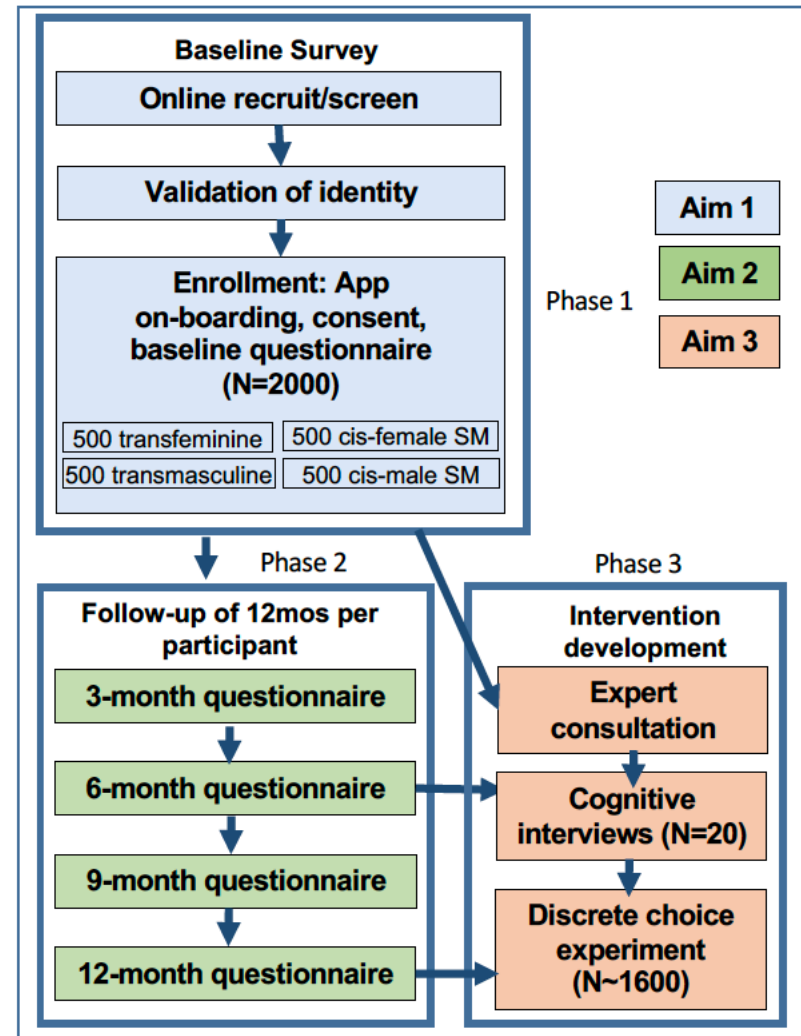


# Ongoing study: REALM

**Aim 1:** Determine whether classes of stigma, discrimination, and traumatic experiences vary across subgroups of SGM persons and whether these exposure classes are associated with increased prevalent depression, suicide ideation, and attempt.

**Aim 2:** Determine whether Aim 1 classes are associated with incident depression, suicide ideation, and attempts

**Aim 3:** Measure preferences for various technology-delivered interventions for depression and suicide prevention tailored to rural SGM persons' experiences of stigma, discrimination, and trauma.



# Conclusions, next steps and points for consideration

- There are major gaps in understanding mental health disparities for SGM populations
  - Studying mechanisms that are informed by minority stress theories and suicide theories
  - Lack of longitudinal data to actually unpack these effects as they relate to risk with attention to factors modifiable through intervention
    - AND attention to protective factors and processes
  - Limited heterogeneity of SGM populations included in research
- Rurality likely matters in complex ways that is deserving of dedicated attention that can lead to appropriate and feasible, targeted interventions for this critically underserved population
- This is ONE , small step
  - The dream: developing and testing multilevel interventions



Thank you!

[sarah.murray@jhu.edu](mailto:sarah.murray@jhu.edu)

Funding: National Institutes of Mental Health (1R01MH129656, PI Murray)

Acknowledgements to contributions from the REALM study team at Johns Hopkins University and Emory University Schools of Public Health

